

216005416
80343

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 566	Agency Case No. B6-009720	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 02/03/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1705	POLICE NOTIFIED 1705	02/03/2016
B 23	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 27th/Capitol Parkway		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 27th/Capitol Parkway			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 2	DRIVER LICENSE NO.	H12157902		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	AMY J ARMINTROUT-KOHL		PHONE	(402)601-1988	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 2526 NW 10TH ST, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	03/01/1977	
G 6	OWNER	AMY J ARMINTROUT-KOHL		PHONE	(402)601-1988	
H 2	OWNER ADDRESS	CITY, STATE, ZIP 2526 NW 10th Street, Lincoln, NE 68521		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB477570	
V1/O 2	LICENSE PLATE PA NO.	TJV899		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 3	VEHICLE	2013	MAKE KIA	MODEL Sportage	BODY STYLE Compact Utility	COLOR blue
I 1	VEHICLE ID NO. (VIN)	KNDPB3A27D7400015		INSURANCE COMPANY	State Farm	
J 01	TOWED TO	TOWED BY		POLICY NO.	0964134B1527	
VEHICLE NO. 2						
V1/P 1	DRIVER	EEDO Q KHALAF		PHONE	(402)202-3168	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 2120 WASHINGTON ST APT 3, LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)	01/01/1990	
K 02	OWNER	EEDO KHALAF		PHONE	(402)202-3168	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 2120 Washington #3, Lincoln, NE 68502		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V2/Q 1	LICENSE PLATE PA NO.	TZL660		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V3/Q 02	VEHICLE	2010	MAKE Chevrolet	MODEL Equinox	BODY STYLE Compact Utility	COLOR red
V4/Q 02	VEHICLE ID NO. (VIN)	2CNFLCEW6A6224152		INSURANCE COMPANY	Allstate	
V5/Q 02	TOWED TO	TOWED BY		POLICY NO.	995959230	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
1	AMY J ARMINTROUT-KOHL	2526 NW 10th Street, Lincoln, NE 68521		03/01/1977	01	1
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX F
2	EEDO Q KHALAF	2120 Washington #3, Lincoln, NE 68502		01/01/1990	01	1
	LOCAL NO.	MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center		EMS SERVICE NAME Lincoln Fire & Rescue	07	3
					2	M

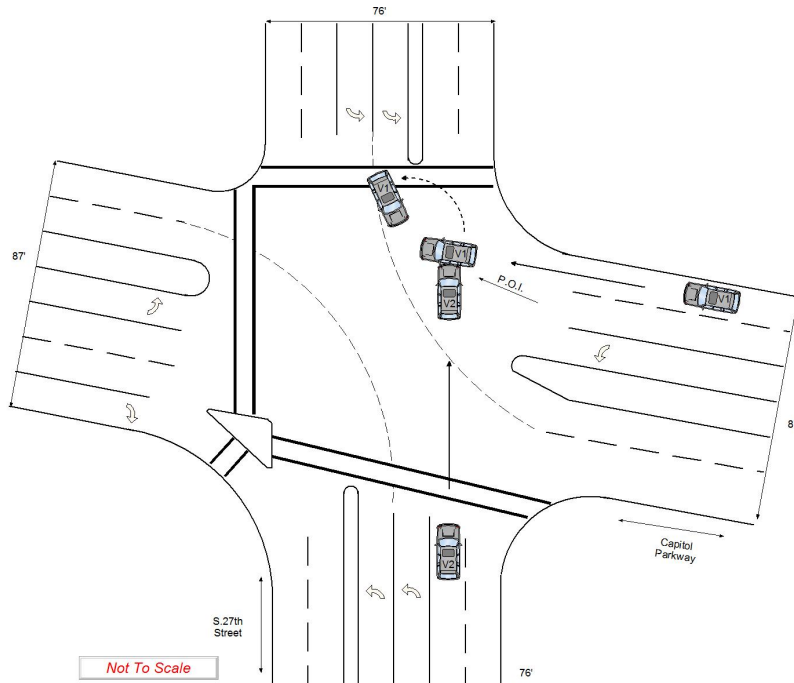
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-009720

Indicate
North
by Arrow

POI: 7' S of S Curb of Capitol Pkwy
16' W of E Curb of 27th Street
No Skids
Measurements Approximate
Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was WB on Capitol Pkwy approaching 27th in the outside lane. V2 was NB on 27th approaching Capitol Pkwy in the inside lane. V1 stated that the traffic signal for WB traffic turned red and she attempted to stop, but entered the intersection against the red light. D2 stated that the light for NB traffic had just turned green and he had just started to accelerate into the intersection. As both vehicles entered the intersection, the front of V2 struck the left side of V1, causing significant damage to both vehicles. All witnesses confirmed that the traffic signal was red for WB traffic and the traffic signal was green for NB traffic at the time of the collision. D1 and D2 reported injuries. V2 towed due to damage. D1 cited.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS	PHONE	
	Lisa M Jones 20 Elm Street, Bennet, NE 68317			(402)318-8207	
WITNESSES	NAME		ADDRESS	PHONE	
	Dayle Mautz 4049 Garfield, Lincoln, NE 68506			(402)8020476	

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)														
1				X	Capitol Parkway																		
2	X				27th Street																		
1	01				06 Turning left																		
2	01				08 Entering traffic lane																		
					01 Essentially straight ahead																		
					02 Backing																		
					03 Changing lanes																		
					04 Overtaking/Passing																		
					05 Turning right																		
					09 Leaving traffic lane																		
					10 Parked																		
					11 Slowing or stopped in traffic																		
					12 Other																		
					13 Unknown																		
OFFICER NO. 1604					TROOP/TEAM/BEAT SE					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
INVESTIGATOR NAME (Print or Type) David Wiggins										INVESTIGATOR SIGNATURE Approved by Officer David Wiggins										DATE OF REPORT 02/03/2016			

216005416
80343

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

566

Agency
Case
No.

B6-009720

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

02/03/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 27th/Capitol Parkway

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING				
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING				
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				Driver No.		Driver No.	
									POINT OF IMPACT				POINT OF IMPACT												ALCOHOL TESTING		ALCOHOL/ DRUGS SUSPECTED	
									MOST DAMAGED AREA				MOST DAMAGED AREA												ALCOHOL LEVEL TESTED		ALCOHOL/ DRUGS SUSPECTED	
									06 Turning left				02 None				1 Deployed - front				1 None used - vehicle occupant				Y		1 Neither alcohol nor drugs suspected	
									07 Making U-turn				09 Top & windows				2 Deployed - side				2 Lap & shoulder belt used				N		2 Yes - alcohol suspected	
									08 Entering traffic lane				10 Undercarriage				3 Deployed - both front/side				3 Shoulder belt only used						3 Yes - drugs suspected	
									09 Leaving traffic lane				11 Total (all areas)				4 Lap belt only used				4 Lap belt only used						4 Yes - alcohol & drugs suspected	
									10 Parked				12 Other				5 Not deployed				5 Child safety seat used						5 Unknown	
									11 Slowing or stopped in traffic								6 Not applicable/ No airbag available				6 Child booster seat used							
									12 Other								7 DOT approved helmet used				7 DOT approved helmet used							
																	8 Costume helmet used				8 Costume helmet used							
																	9 Restraint use unknown				9 Restraint use unknown							

Complete this section for all injured persons

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-009720

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Terri Mautz	4049 Garfield, Lincoln, NE 68506			(402)802-0476
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1604		SE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
David Wiggins			Approved by Officer David Wiggins		02/03/2016